

ALTERNATE WORKWEEK SCHEDULE #2
ASSIGNMENT FORM
PURSUANT TO LOA 01-GG-096

The parties having agreed to the terms of the Alternate Workweek Master Letter of Agreement 01-GG-96, the following bargaining unit member(s) are hereby appointed to the alternate schedule designated below:

SSN	Name	Classification
PCN	Location	Division

Work Schedule:

M	T	W	TH	F	S	S	Total
							37.5

This schedule is effective _____ and remains in effect through _____ (no later than June 30, 2004).

This schedule agreement is entered into voluntarily by the parties whose signatures appear below. Cancellation of this agreement is reserved to the Human Resource Manager of the participating agency and a Union Business Representative. Either party may cancel this schedule arrangement with fifteen (15) calendar days notice in writing. Upon cancellation, the affected member(s) shall return to a normal work schedule in the first week of the pay period following the required notice period.

Changes to any work schedule adopted under this agreement must be made by executing a new Alternate Workweek Schedule Assignment Form.

BARGAINING UNIT MEMBER APPROVAL:

Member Signature

Date

FOR THE DEPARTMENT:

Member's Supervisor Signature

Date

Division of Personnel Signature

Date

cc: Labor Relations Unit, Department of Administration
ASEA/AFSCME Local 52 (VIA FAX)